

INSTRUCTIONS FOR FILING - ELEVATOR MECHANIC TEMPORARY PERMIT

Access this form via website at: www.hawaii.gov/dcca/pvl

Applicants are subject to requirements prescribed in the laws and rules of the Elevator Mechanics Licensing board, Chapter 448H, HRS, and Chapter 81, HAR, effective at time of application.

All applicants for a temporary elevator mechanic permit shall:

1. Complete the application form by typing or printing legibly in dark ink.
2. **Attach** fee of \$100 (*Application - \$40, Permit - \$60*). Check made payable to: *Commerce & Consumer Affairs*.

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

3. **Submit** a statement on official letterhead from a union representative of the originating state or another competent authority, or provide documents which can verify that the applicant passed the examination given by the joint committee of the National Elevator Industry Education Program or an Elevator Constructors Union (provide specific date of passing the exam).
4. **Submit** a statement from an employer to verify that the applicant has been employed as an elevator mechanic. The statement should provide specific dates of employment.
5. Mail all required items to:

Elevator Mechanics Licensing Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

or

Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

GENERAL INFORMATION ON TEMPORARY PERMITS

Temporary permits may be issued only when there is a shortage of personnel licensed under Chapter 448H, HRS.

Temporary permits will be issued for a three-month period. A maximum of two consecutive temporary permits may be issued to any one individual.

If any temporary permittee should take the elevator mechanic exam and fail to pass the exam, the temporary permit shall be cancelled, subject to Section 16-81-24, Hawaii Administrative Rules.

Abandonment of Application: Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR TEMPORARY PERMIT - ELEVATOR MECHANIC

Approved [] Initials/Date:
Denied []

Name (First-Middle)

(Last)

Residence Address (Include apt. no., city, state, & zip code)

Mailing Address (ONLY if different from residence)

Social Security No.

Phone No. (days)

FOR OFFICE USE ONLY

Effective:

Temp Permit No.

Expired:

Date Mailed

Experience in other state:

- Name of last employer in other state _____
- Employer's address _____
- Employer's telephone number (_____) _____
- Number of years of experience in elevator industry _____
- Did you qualify as an elevator mechanic by passing the examination given by the joint committee of the National Elevator Industry Education Program or an Elevator Constructor's Union? _____
What year did you qualify? _____
If not, explain how license was obtained _____

- Description of duties performed _____

Circle or underline answers and explain if needed:

- Are you at least 18 years of age? YES NO
- Are you a U.S. citizen, U.S. national, or an alien authorized to work in the United States? YES NO
- In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
(If "yes", attach court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.)
- Have you ever held an elevator mechanic's license in any state of the United States? YES NO
State licensed _____ Date licensed _____
- Have any of your elevator mechanic licenses ever been revoked, suspended, or made probationary or conditional, or otherwise subject to disciplinary action? YES NO
(If "yes," specify state where action took place, penalty imposed and reasons for such action on a separate sheet of paper and attach pertinent documentation from each state in which disciplinary action was taken.)
- Are you presently being investigated or is any disciplinary action pending against you which is directly related to the work of an elevator mechanic? YES NO
(If "yes," specify all state(s) where action is pending and reasons on a separate sheet and attach pertinent documentation from each state in which disciplinary action or investigation occurred or is pending against you.)

(Continued)

Appl/Temp Permit 202 \$100
Service Fee BCF \$15

EXPERIENCE VERIFICATION - TEMPORARY ELEVATOR MECHANIC PERMIT

Access this form via website at: www.hawaii.gov/dcca/pvl

Instructions:

1. This form is to be completed by your employer only.
 - **Failure to provide all the requested information will delay the processing of your application.**
2. Use typewriter if available or print legibly in dark ink.
3. Attach the completed form to your application and mail to the board's office:

Elevator Mechanics Licensing Board

DCCA, PVL Licensing Branch

P.O. Box 3469

Honolulu, HI 96801

or

Deliver to office location at:

335 Merchant St., Room 301

Honolulu, HI 96813

Name of Applicant (First-Middle)	(LAST)	Effective Date of Employment	Termination Date	Total Length of Service yrs. mos.
DESCRIBE IN DETAIL the type of elevator mechanic work performed by the applicant in specific areas		Supervisor's Name	Supervisor's License No.	Hours a Week in Specific Area
<ul style="list-style-type: none">• Failure to provide the requested information will result in this form being returned to you for completion.				
Employer's Name		Employer's Address		
Title		Date		

I hereby certify that the experience verified for this applicant and the statements made in this experience verification form and any accompanying documents are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of this applicant's license (Section 710-1017, Hawaii Revised Statutes.)